

MENTAL HEALTH CONCEPT MAP 2023

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Mental Health History/ Predisposing factors

- Dx: depression & anxiety 6 months, alcohol use disorder 5 years
- Daily etoh/marijuana use
- Beer/liquor use beginning at age 15
- Hx etoh related MVA, DUI x2, mandated outpatient rehab but has not been compliant
- Family Hx etoh abuse: father & paternal grandfather
- Estranged from wife & 2 kids, living in parents' basement, parents unsupportive, abuse experienced in childhood, trans female
- CAGE 3
- AUDIT 31 (severe): 2-3 beers & 2-3 shots/day
- SBIRT 6: states a lower score wouldn't be appropriate because "I do still enjoy drinking"

Mental Health Assessment

- CIWA 6/19/38/5
- Risk: Denies thoughts, plan, intent of suicide/homicide, verbal agitation, motor agitation, seizures, falls, substance abuse
- Mental Status: appropriate/labile affect, mood = dysphoric, anxious, angry, irritable, fearful, hopeless, depressed, oriented to person, disoriented to place, time, situation, irritable, calms with redirection, attentive eye contact, speech slurred, poor coping mechanisms, cries often, unable to recall events of the last 2 days, "I just can't believe I'm here again... I can't believe this happened.", states "difficulty with outpatient program" and expresses interest in inpatient tx, thought process logical & relevant

Patient Problem #1

Acute Substance Withdrawal Syndrome

Medical Diagnosis:

Acute Alcohol Intoxication

Patient Problem #2

Ineffective Coping

Labs, Dx Studies

10/16/23:

- AST 46 (elevated) WNL 8-33 → liver disease r/t alcohol abuse
- ALT 60 (elevated) WNL 7-56 → liver disease r/t alcohol abuse
- Thiamine 0.8 (low) WNL 2.5-7.5 → deficiency r/t alcoholism
- BAC 330 (0.27) (elevated) → legally intoxicated
- + THC screen (WNL -) → uses marijuana
- CT Head/Neck: no bleeding, head injury or skull fx noted, soft tissue swelling to L facial area, no vertebral fx/injuries noted

Physical Assessment

- Presents unkempt, clothing dirty/torn, hair not brushed, dirt under nails, body odor, visibly intoxicated, unsteady gait, eyes red, L facial abrasion
- Speech slurred, oriented to self only, anxious, agitated, attempting to get OOB, speaking loudly, tactile hallucinations, reports itching, "It feels like there's bugs crawling all over me.", hyperactive, psychomotor agitation, tics/twitches, tremors when bilat upper extremities extended
- 0647 VS: T 99.2 HR 116 BP 176/86 RR 22 SpO2 95% (RA)
- 0730 VS: T 99.5 HR 121 BP 182/81 RR 19 SpO2 95% (RA)
- 0830 VS (1 hour post CIWA & 4 mg Lorazepam): T 99.5 HR 89 BP 153/74 RR 18 SpO2 96%

Medications/ Treatments/ Therapies

- Multivitamin 1 daily PO: correct nutrient deficiencies
- Thiamine 100 mg daily PO: correct nutrient deficiencies
- Folic Acid 1 mg daily PO: correct nutrient deficiencies
- Nicotine 7 mg daily transdermal: maintain nicotine levels to reduce cigarette craving
- Bacitracin TID topical: apply to abrasions: protects wound from bacteria
- Sertraline HCl 50 mg daily PO: SSRI for tx of anxiety/panic/PTSD
- Buspirone HCl 5 mg BID PO: anxiolytic
- 0.9% NaCl @ 125 mL/hr continuous: correct dehydration
- Lorazepam 4 mg IVP over 2 minutes (q 1 hour PRN CIWA >= 35): sedative to tx seizures/relieve anxiety
- Prochlorperazine 5 mg IVPB over 30 minutes: antipsychotic & antiemetic
- Seizure precautions: patient safety
- Inpatient treatment program: preferred for enhanced compliance after discharge
- Disulfiram 500 mg daily PO: tx problem drinking by creating unpleasant reaction to alcohol

MENTAL HEALTH CONCEPT MAP 2023

Patient Problem #1 Acute Substance Withdrawal Syndrome	Patient Problem #2 Ineffective Coping
<p>EO #1 Will have CIWA score < 8 during my time of care.</p> <p>EO#2 Will report absence of hallucinations throughout my time of care.</p>	<p>EO #1 Will verbalize detrimental lifestyle factors contributing to current health status during my time of care.</p> <p>EO#2 Will identify resources available to help improve lifestyle and overall health prior to discharge.</p>
<u>Nursing Interventions</u>	<u>Nursing Interventions</u>
<ol style="list-style-type: none"> 1. Establish rapport by using therapeutic communication skills and remaining non-judgmental at all times Rationale: establishing rapport fosters a trusting nurse-patient relationship and reduces anxiety 2. Administer Lorazepam IVP according to ordered CIWA scale PRN/q1hr Rationale: Lorazepam works on the GABA receptors in the brain, causing a calming effect that helps to treat the symptoms of withdrawal (tremors, headache, seizures, etc.) while also making the client more comfortable in general and reducing anxiety 3. Implement seizure precautions at all times Rationale: implementing seizure precautions ensures that emergency equipment is available to maintain airway (suction and oxygen) while protecting the patient from injury 4. Administer IVF 1000mL 0.9% NaCl at 125ml/hr continuous Rationale: IV fluids help with dehydration and electrolyte imbalances caused by n/v associated with alcohol withdrawal 5. Administer thiamine 100mg PO daily Rationale: thiamine is given to treat and prevent Wernicke’s Korsakoff Syndrome, caused by thiamine deficiency r/t abuse of alcohol 6. Provide a calm environment minimizing noise and dimming lights q shift Rationale: this helps decrease hallucinations/delusions, confusion, and anxiety 	<ol style="list-style-type: none"> 1. Provide a calm, peaceful environment without interruption, use therapeutic communication skills and remain non-judgmental at all times Rationale: builds a trusting relationship between nurse and patient, provides an environment of acceptance and comfort, establishes a safe environment 2. Educate about the detriment of substance abuse to overall health condition q shift Rationale: aid in understanding of disease process, provide reality on seriousness of situation 3. Coordinate resources (food pantries, free health clinics, public transportation) prior to discharge Rationale: providing necessary resources enhances chances of compliance with outpatient treatment and reduces chances of relapse 4. Discuss programs for substance abuse, smoking cessation q shift Rationale: outpatient programs provide a sense of community and connection to other individuals going through the same struggles 5. Help to understand what didn’t work in the past and why, then come up with plan moving forward, including patient in planning, prior to discharge Rationale: including the patient in the treatment plan enhances self-confidence and likelihood of following through with treatment plan 6. Involve family in plan of care or coordinate community sources of support PRN Rationale: involving the family in the treatment plan allows them to play an active part in the patient’s recovery and provide support